RI SOS Filing Number: 202459152880 Date: 8/30/2024 2:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

AMENDED REPORT

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001719539	Aurora Financial Group, Inc.

3. Principal Office Address	City	State	Zip
4000 Route 66, Suite 310	Tinton Falls	NJ	07753

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522291	Residential Mortgage Servicer
5. State of Incorporation	
nj	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name	Vice-President Name
JEFFREY B LOWN II	Wendy Granados
Street Address: 1451 NJ-34, Suite 303	Street Address: 1451 NJ-34, Suite 303
City: Farmingdale, State: NJ, Zip: 07727	City: Farmingdale, State: NJ, Zip: 07727
Secretary Name	Treasurer Name: Michael Hutchby
Street Address	Street Address: 1451 NJ-34, Suite 303
City, State, Zip	City: Farmingdale, State: NJ, Zip: 07727

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name	Director Name
Wendy Granados	
Street Address: 1451 NJ-34, Suite 303	Street Address
City: Farmingdale, State: NJ, Zip: 07727	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
290	Common	0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Jeffrey B Lown	August 28, 2024

Signature of Authorized Representative

FILED
AUG 30 2024
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023

200 - 1/5/2024 Wolters Kluwer Online

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 30, 2024 02:00 PM

Gregg M. Amore
Secretary of State